L12000062666

(Requ	uestor's Name)	
(Addr	ress)	
(Addı	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	X WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

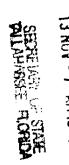
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NOV - 7 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

Bean Team Network, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles Musgrove

Name of Person

CAPSERV, INC

Firm/Company

5350 Carisbrook Ln

Address

Tallahassee, FL 32309

City/State and Zip Code

cmusgrove@beanteam.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Monroe

at (<u>850</u>) 661-8464

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bean Team Network, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabilit	ty Company were filed on 5/9/2012	and assigned
Florida document number L12000062666		
This amendment is submitted to amend the following A. If amending name, enter the new name of the		13 NOV -7 AH
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	, Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

'If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KaiserKaine Consulting, LLC	311 E. Jennings	Add
		Tallahassee, FL 32301	Remove
			Add
			Add
			Kemove
			Add
			Remove
<u></u>			13 BUV
			Remove AH IO: OS
			S OO Add
			Remove

. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	11/2/2/2
ted _	11/) (201)
	Katende Marya
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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